PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUL FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed oth	ig the Patent, advance of nerwise in Block 1, by (a		spondence address; and/o	or (b) indicating a sepa	rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
7590 10/11/2007 Robert P. Lord OSHA, LIANG LLP 1221 McKinney Street, Suite 2800 Houston, TX 77010				Certificate of Malling or Transmission I hereby certify the Fee(s) Transmittal is being the stiff of the United States Fortal Service with officer to pessage for the date small in an envelope addressed to the Mall Soft State Transmitted to the USFTO (5/1) 277 Common the date indicated below transmitted to the USFTO (5/1) 277 Common the date indicated below. (Depositor's ame)			
						(340)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	DRNEY DOCKET NO.	CONFIRMATION NO.	
09/428,284 10/27/1999 ANDREW D. HOLMES 37202/117001; 990008 4449 TITLE OF INVENTION: MULTIPLE EXCHANGE RATE TRACKING IN A FINANCIAL TRANSACTION MANAGER							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$0	\$0	\$1440	01/11/2008	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS]			
BAYAT, BRADLEY B		3621	705-039000			- 1	
Change of correspondence address or indication of "Fee Address" (37 CFR 1.563) Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev U3-72 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternati (2) the name of a single registered attorney or 2 registered patent atternation.	or printing on the patent front page, list the name of up to 3 registered patent attorneys gents OR, alternatively, the name of a single firm (taving as a member a served attorney or agent) and the names of up to served attorney or agent) and the names of up to 5, no name will be printed.			
3. ASSIGNME NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (point or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been recordation as set offert in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Sun Microsystems, Inc. Santa Clara, California							
Please check the approp	riate assignee category or	r categories (will not be p	rinted on the patent) :	Individual 🕏 Corpora	tion or other private gro	sup entity Government	
4a. The following fee(s) are submitted \$\overline{\Delta}\$ Issue Fee \$\overline{\Delta}\$ Poblication Fee (No small entity discount permitted) \$\overline{\Delta}\$ Advance Order - # of Copies \$\overline{\Delta}\$ Poblication Fee (No small entity discount permitted) \$\overline{\Delta}\$ Advance Order - # of Copies \$\overline{\Delta}\$ Order = \overline{\Delta}\$ Order =							
NOTE: The Irene Fee or	ns SMALL ENTITY state	us. Sec 37 CFR 1.27.	b. Applicant is no lor			FR 1.27(g)(2). te assignce or other party in	
interest as shown by the	records of the United St	ates Patent and Trademark	k Office.	7,1			
Authorized Signature	- Klit	VU		Date _Decemb	oer 28, 200	7	
Typed or printed name Robert P. Lord			Registration No. 46,479				
This collection of informan application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, Virginia 22:	nation is required by 37 of tiality is governed by 35 d application form to the tions for reducing this but Virginia 22313-1450. DO 313-1450.	CFR 1.311. The informati 5 U.S.C. 122 and 37 CFR c USPTO. Time will var- urden, should be sent to tf O NOT SEND FEES OR	on is required to obtain or 1.14. This collection is es y depending upon the indi- te Chief Information Offic COMPLETED FORMS T	retain a benefit by the pu timated to take 12 minut vidual case. Any comme cr, U.S. Patent and Trade O THIS ADDRESS. SEI	blic which is to file (and es to complete, including ints on the amount of the mark Office, U.S. Dep ND TO: Commissioner	I by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.